

GIVEBACK Meeting Notes

Gun Injury and Violence Advisory Board And Collaborative Network

January 26, 2022

10:00 a.m. - 12:00 p.m.

Attendees

VDH FASTER:

- Meredith Davis (Office of Epidemiology)
- Stephanie Neal (Office of Epidemiology)
- Elizabeth Lowery (Office of Family Health Services)
- Lauren Yerkes (Office of Family Health Services)
- Erin Austin (Office of Family Health Services)

VDH Non-FASTER:

- Maria Altonen (Office of Family Health Services)
- Justin Wallace (Office of Family Health Services - Youth Suicide Prevention)
- Jessica Rosner (Office of Emergency Medical Services)
- Alexandra Jansson (Policy Analyst)
- Sydney Janssen (Richmond City Health Department)
- Veronica Cosby (Office of Health Equity)

GIVEBACK Members:

- Corri Miller-Hobbs (Children's Hospital of Richmond at VCU)
- Dr. Leo Whitaker (Baptist General Convention of Virginia)
- Matt Dyke (Virginia State Police)
- Martha Montgomery (Department of Education)
- Derek Chapman (VCU)
- Rebecca Textor (DBDHS - Currently in charge of the state Opioid response)
- Lisa Ramirez (YMCA of Greater Richmond)
- Donte McCutchen (Heart for the city, Love Cathedral Church)
- Betsy Bell (VCSCS, Dept of Criminal Justice Services)
- Kelsey Baer (Children's Hospital of Richmond at VCU / Safe Kids VA)

Focus Groups

Elizabeth shared that one FASTER grant activity is to conduct at least 3 focus groups before August 2022. The goal of focus groups is to provide context for quantitative firearm injury data that we may be able to incorporate into data products. The key question is “How does firearm injury impact people?”

Goals for this meeting are to:

1. Identify possible focus group participants (large group discussion);
2. Brainstorm focus group questions (breakout groups)
3. Identify GIVEBACK members who may be interested in helping to coordinate or facilitate focus groups or connect us with existing groups

Participants

What are some existing groups (like survivor support groups, for example) whose members be interested in participating in a focus group?

- Because of COVID, suicide survivor support groups may have stopped (Rebecca Textor can find out)
- Police/Sheriff's office, School Resource officers (Betsy Bell could connect)
- Safe kids coordinators (Corrie Miller-Hobbs could connect)
- Heart for the City - Donte's church group
- Dr. Whitaker had a 5 month series of grief support programs, some of the attendees affected by gun injury. Call to a religious focus group is a great thing to do. Good to involve the faith based community as they also comfort the family. The Baptist General Convention is willing to distribute a description of our focus group to churches across the state. Focus on both victims, their families, the witnesses and other church and community members

What are some strategies to recruit focus group participants who are not part of an existing group?

- Reach out through faith based community
- Victim witness could be good as they also work with the faith based community
- Community clinics (CBO's) - Donte McCutchen
- Victim Witness Specialists able to help with contacts (Betsy has a specialist who does training for victim witness professionals)
- UVA teen Center has support group for teens for survivors of parent suicide
- Dr. Whitaker thinks an intergenerational perspective is important; wants to also include ways to rebuild community after an event
- YMCA - 17 locations in the greater Richmond area, would be willing to help host groups and willing to coordinate across the state. YMCA may be viewed as a safer space than government or faith-based buildings.
- Lisa Ramirez- offer information through notices and participants to YMCA members
- Reach out to school counselors (Martha offered to do this)
- Roanoke gun violence prevention group

How can we promote equity in focus groups and participants?

- Important to have representation from one or more community services boards

Who is willing to help facilitate/coordinate focus groups?

- Lisa Ramirez - YMCA (offered to use buildings for focus groups earlier)
- Other volunteers mentioned in previous discussion

Breakout discussions to brainstorm questions that we might ask during focus groups.

Room 1 Notes

Elizabeth Lowery, Sydney Janssen, Corri Miller-Hobbs, Betsy Bell, Veronica Cosby, Maria Altonen, Jessica Rosner

Questions:

- What gaps/groups DON'T exist for support?
- How does firearm injury impact family dynamics (beyond physical impacts)?
- If a focus group is people who were not directly/heavily impacted, asking do they see firearm injury as a problem? If not, what could they be shown to convince them that it is?
- Present data, then ask for thoughts on what they have just seen.

Keep in mind that the data and impacts may vary by geography - rural looks different from urban
Might be good to have someone well-known, trusted for participants to connect to, maybe a community member

A school based group should be a priority - staff and/or students. If counselors and school resource officers are the adults, might actually help students feel more comfortable speaking as these are often the trusted adults on campus.

Discussed holding virtual or in-person groups - equity issues both ways (access to internet vs. access to childcare/transportation).

Could be a generational issue, too - younger people might be more comfortable with virtual since they are used to it

Room 2 Notes

Stephanie Neal, Rebecca Textor, Derek Chapman, Dr. Whitaker, Kelsey Baer, Lisa Ramirez

Focusing question (retelling pain doesn't help) - What do you need from a group as you tell your story or revisit this moment? What does support look like for you? How have you handled what you experienced? - so we don't reopen trauma. Want to make sure they have support.

- Helpful to know about before the session, send out as a pre-question to participants before the session so that we can be prepared
- Depending on mix of people in the room, they may not feel like it is a safe space
- Large groups may not be the best place

A survey may be a better option as people may not want to talk about experiences out loud.

May have a lot of family guilt about circumstances of suicide.

- Don't get political
- Include in beginning - ask about which format is more comfortable, survey vs in-person group
- Possibly have people video or air their experience in a different way - thinking in terms of healing

Looking at postvention for suicides - looking at family experiences with law enforcement immediately after a suicide. Curious to know more on interactions with law enforcement after an event (suicide/assault). Comforting words important.

What brought you here today? What motivated you to come?

Community meetings

- Found it better to talk to organizations separately than the general public so that the general public's voice isn't suppressed. Especially with children and youth with their voices getting squashed by adults. Empower each person to speak
- Have a soft pillow/animal item to pass around the circle, so that the person has the power to speak when holding it
- Set up room to have no barriers to conversation, circle/semi circles not lecture style
- Look at what support information would be good for participants both before and after
- Be prepared with translators - want people to feel empowered to speak

Room 3 Notes

Meredith Davis, Erin Austin, Martha Montgomery, Justin Wallace, Donte McCutchen, Alexandra Jansson

Ask about the causes and the impacts of firearm violence. One big piece to parse out is whether accidental firearm injury vs suicide vs intentional violence (assault, gang activity).

What type of firearm violence is a problem in your area to help frame the discussion - maybe talk about the intent first to gauge experience.

Be honest with participants, we want to know more than just the number on the page but the real personal impact to set the tone for honest discussion, VDH has been collecting data for years and want to understand the full picture (not that we want to "remove" guns).

Different responses/interventions based on the community needs - rural and hunting gun access, opioid crisis and violence related to drugs

Ask school counselors or resource officers more sensitive questions - where is violence stemming from poverty, fights? How are you seeing gun violence affect your community?

Hold separate groups with different types of participants (law enforcement vs survivors vs education).

Useful for setting tone to be clear with participants - what VDH will and will NOT do with the information collected from the focus group

Participants are aware of end results - If you know that the group will not reconnect or see the final product let them know. Will public health bring findings back to communities once the products have been developed or is the focus group one and done?

Large group report out on breakout discussions.

Any connections to facilitators?

- Alexandra - had a group discussion with related to Violence Death Reporting System as part of CDC work, Andy Goddard and Lori Haas (parents of students who were shot at VA Tech), Game and Inland Fisheries, offer mixed groups for the discussion
- Donte has facilitated groups with focus on healing, counseling/support - having 2 facilitators per focus group would be helpful (one for primary and one for support)

Data Products Key Messages Discussion

VDH needs GIVEBACK input to prioritize which messages from the firearm injury data are most important to emphasize in data products.

Overall Burden Priority

- Top priority message: "Every day in Virginia, 3 people die by firearm injuries."
- Second choice message: "Every 4 hours, someone visits an emergency room for a firearm injury in Virginia."
- None selected for emergency room visits increased 72%
- Most popular ones were more concrete and easy to quickly get the data
 - Easy to understand, don't need to understand percent or rates
 - Deaths more impactful
- One person noted the last 2 messages about increases in ED visits and deaths by firearm may make people more defensive; need to find a way to turn it away from guns and find other reason for the change.

Sex/Age

- Top priority message: "Each year there are over 200 emergency room visits for firearm injuries among children under age 18"
- Other priority messages: "Men are 8 times more likely to visit the ED for firearm injury than women" and "About 7 out of 10 nonfatal firearm-related hospitalizations were Virginians aged 15-34 years."
- One person felt 2020 law made it harsher for those with unsecured firearms in the home with children, so messages about children might resonate.
- One person felt the last message was the only one that focused on assault

Firearm Injury by Sex/Age

- • Men are 8 times more likely to visit the ED for firearm injury than women. ★ ★ ★ ★
- Approximately 1 in every 300 ED visits for 15 - 24 year old men are for firearm injury.
- Each year, there are over 200 emergency room visits for firearm injuries among children under age 18. ★ ★ ★ ★ ★ ✓
- • About 7 out of 10 nonfatal firearm-related hospitalizations were Virginians aged 15-34 years. ★ ★ ★ ★
- In 2019, 73% of firearm-related hospitalizations due to assault were among people aged 15-34 years. ★

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Race/ethnicity

- Most popular: "Firearm Deaths by homicide are most common among Black Virginians while firearm deaths by suicide are most common among White Virginians".
- One person felt the first message was too vague and second just focused on one group, third gave perspective that firearm injury is an "everyone" problem
- Suggestion to use "African American" instead of "Black"
- Add Hispanic-American to these statistics as well if there is data for that perspective and be inclusive on both race/ethnicity
- May be helpful to add percent or rates to the race ethnicity options - important to keep in mind the format in which we are presenting the data
- Are the messages just taglines or will they go with other information? Worry about perpetuating stereotypes, important to have other information on housing insecurity, etc.

Firearm Injury by Race/Ethnicity

- Firearm injuries impact race/ethnicity groups differently.
- A majority of ED visits and hospitalizations for firearm injury are among Black Virginians.
- Firearm deaths by homicide are most common among Black Virginians, while firearm deaths by suicide are most common among white Virginians. ✓★★★★

★ Jessica Textor

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Intent

- Most popular “Approximately 6 out of 10 firearm injury deaths in Virginia are due to suicide” and “Most firearm-related hospitalizations are unintentional”.
- Use the first message as the opening line and then include the approximately 6 in 10 piece after, then include a point about homicide
- Important to include homicides as well to grasp continuum of injury from firearm

Firearm Injury by Intent

- Most firearm-related hospitalizations are unintentional. ★★★★★
- Half of the total firearm-related hospitalizations due to assault in Virginia were in the Eastern health region.
- Approximately 6 out of 10 firearm injury deaths in Virginia are due to suicide. ★★★★★★
- The number of firearm injury deaths due to homicide is increasing, with a peak in 2020.

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Firearm Injury Prevention

- What are we doing well? How can we frame the messaging?
- Yes definitely include more on prevention part but would need to think more on what to include, Lock and Talk program - Rebecca Textor offered assistance from the OBHW team to help with the prevention focus

- Derek Chapman - Important shine light on programs that are making a difference (positive youth development opportunities like after school activities instead of just on gun safety programs)

Data Products Update (included dashboard demo)

Highlighting the year in orange (same as orange for males in bottom visualization)

- One person thinks its a bad idea to have one color meaning something different in two different places

Percent Change Arrows on the Year bar graphs

- One person thinks it's clean and a good way to show and interpret the information. Can be used to mobilize community groups.
- Put something in the subtitle to indicate what the percent increases and decreases are, or some type of annotation

Allow maps to be displayed by different subgroups (i.e by race or by just youth visits).

- Question - any there any way to select broad age groups on dashboard map (children/youth vs adult) or race/ethnicity? Those were both part of the key talking points we discussed.
- VDH data release policy needs to protect small numbers so these may need to still be suppressed when stratified by geography but will take it back to discuss and explore, perhaps include in the data set and not the dashboard itself